

Missouri

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State CARE Act Program Profile

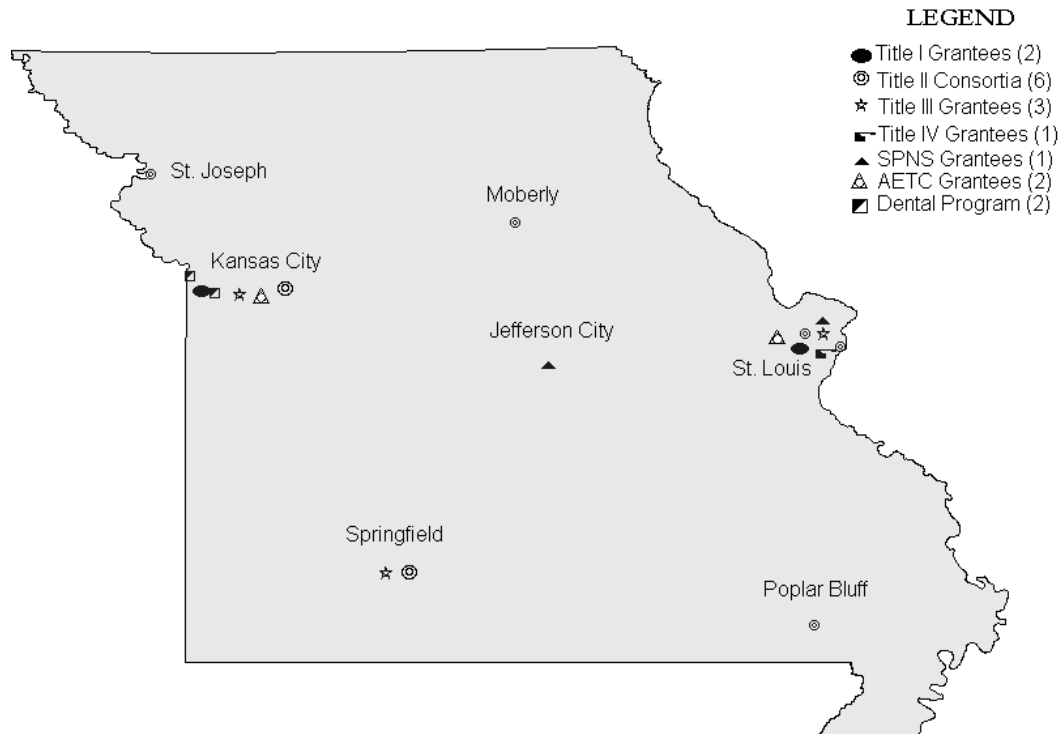
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$5,101,655	\$6,390,887	\$6,184,259	\$17,676,801
Title II (including ADAP)	\$3,131,126	\$4,586,448	\$5,952,010	\$13,669,584
ADAP	(\$626,791)	(\$1,965,652)	(\$3,326,379)	(\$5,918,822)
Title III	\$1,396,406	\$1,633,750	\$1,505,976	\$4,536,132
Title IV	\$465,000	\$650,000	\$720,000	\$1,835,000
SPNS	\$877,377	\$719,256	\$695,095	\$2,291,728
AETC	\$116,000	\$91,838	\$141,500	\$349,338
Dental	\$18,141	\$22,683	\$11,021	\$51,845
Total	\$11,105,705	\$14,094,862	\$15,209,861	\$40,410,428

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

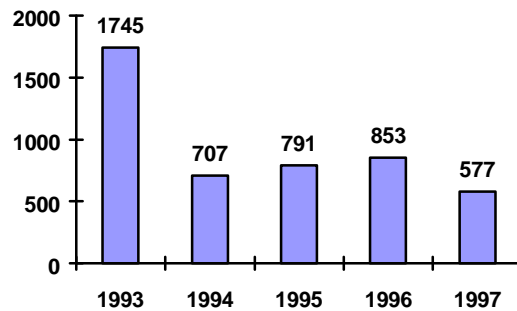
	1996	1997	1998
Title I	2	2	2
Title III	3	4	3
Title IV	1	1	1
SPNS	2	1	1
AETC (grantee or subcontractor)	2	2	2
Dental	2	2	2

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Missouri (Pop. 5,402,058)

- ▶ Persons reported to be living with AIDS through 1997: 3,424
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 3,626
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated October 1987)
- ▶ State AIDS Cases (cumulative) since 1993: 4,673 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	87%	78%
Women (13 years and up):	13%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	2%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	54%	33%
African American:	42%	45%
Hispanic:	3%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%
Other, unknown or not reported:	1%	0%

	State-Specific Data	National Data
Men who have sex with men (MSM):	62%	35%
Injecting drug user (IDU):	10%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	4%
Heterosexual contact:	12%	13%
Other, unknown or not reported:	11%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	224.7	194.5
Gonorrhea (1996)	158.2	124.0
Syphilis (1996)	4.2	4.3
TB (1997)	4.6	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** primary care; no standard set of services available statewide; case management; medications; poor continuity of care; poor linkage between prevention and care services; no process to address the changing epidemic
- ▶ **Emerging Needs:** employment services; continuation of/qualification for SSI/SSDI; impact of managed care; Medicaid spend-down; ADAP funding; insurance; and nursing home/assisted living services

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	71% FPL
Pregnant Women	185% FPL

*Income eligibility for State's ADAP program is 185% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

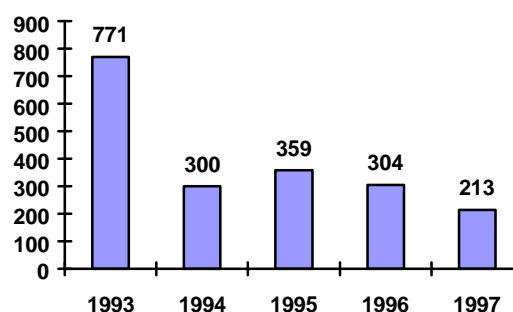
1915(b) waiver(s): Yes

Title I: Kansas City (Pop. 1,583,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Johnson, Leavenworth, Miami, Wyandotte, Cass, Clay, Clinton, Jackson, Layfayette, Platte, Ray Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,520
- ▶ AIDS Cases (cumulative) since 1993: 1,947 (42% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	91%	87%	78%
Women (13 years and up):	9%	13%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	61%	54%	33%
African American:	33%	42%	45%
Hispanic:	6%	3%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	62%	62%	35%
Injecting drug user (IDU):	8%	10%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	5%	4%
Heterosexual contact:	6%	12%	13%
Other, unknown or not reported: (Adults only)	19%	11%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,345,926	\$1,469,692	\$1,452,310	\$4,267,928
Supplemental	\$1,168,365	\$1,414,845	\$1,170,099	\$3,753,309
Total	\$2,514,291	\$2,884,537	\$2,622,409	\$8,021,237

Allocation of Funds

	1998
Health Care Services	\$353,000/13%
Medications	\$721,289/28%
Case Management	\$714,000/27%
Support Services	\$573,000/22%
Administration, Planning and Program Support	\$261,120/10%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 35
- ▶ PLWH on planning council: 14 (40%)

Gender of Planning Council Members

Men:	51%
Women:	49%

Race/Ethnicity of Planning Council Members

White:	69%
African American:	29%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	4,800
Men:	87%
Women:	13%

<13 years old:	1%
13-19 years old:	1%
20+ years old:	98%

White:	52%
African American:	36%
Hispanic:	7%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	4%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	70%
Injecting drug user (IDU):	6%
Men who have sex with men and inject drugs (MSM/IDU):	9%
Heterosexual contact:	9%
Other, unknown or not reported:	7%

► Improved Patient Access

- The grantee reports that between 1995 and 1997, the number of unduplicated clients enrolled in case-managed CARE Act-funded (Titles I, II and III) primary health care services increased by 44%, from 967 clients in 1995 to 1400 in 1997.

- The Title I program has implemented primary health care at numerous sites where traditionally underserved and vulnerable populations seek health care. In FY 1997, this included the Samuel U. Rodgers and Swope Parkway (two minority-based medical providers), the Kansas City Free Health Clinic (which is also the Title III grantee), and an outpatient clinic at Kansas University Truman Medical Center, a teaching hospital. On-site case managers provide access to other support services to facilitate “one-stop shopping” for needed care.
- The Title I program added several new food bank, home-delivered meals, and nutritional supplement services during 1997. One agency was funded to provide food bank services in the Kansas State portion of the metro area. Another agency that provides a noon meal service, added a breakfast service for clients throughout the EMA.

► **Improved Patient Outcomes**

- Several local studies completed recently in the EMA, have demonstrated that Title I programs, in conjunction with Titles II and III, have reduced the number of opportunistic infections (OIs) by 35%, as compared to 1994. The CARE Act programs provide comprehensive primary medical care and medications to all HIV-infected clients within the EMA, with no waiting lists for primary care or enrollment in the medications program, including access to protease inhibitors.
- The grantee reports that a recent analysis of clients currently in care indicates that 39% are people of color; this compares to 38% of minorities among reported HIV/AIDS cases.

► **Cost Savings**

- The grantee reports completion of a local study on the incidence of OIs and their impact on the cost and complexity of services. Dr. David McKinsey, infectious disease physician and past President of the Board of Directors for the Kansas City AIDS Research Consortium, reports that costs associated with new antiretroviral treatments are outweighed by the benefits, including: 1) a decrease in hospitalizations; 2) decreases in the number of medical consults; and 3) reductions in the cost of providing both routine ambulatory care and treatment for complications. McKinsey further reports that overall health care costs declined 23% for all patients, with a 31% decrease in care costs for patients with CD4 counts below 50. He also reports that for every \$1 spent to pay for higher medications costs, there was a \$2 reduction in patient care costs generally, and a \$2.59 cost reduction for patients with CD4 counts below 50.
- The grantee also reports results from a recent study examining the cost of providing antiretroviral therapy to 126 patients, of whom 89% were receiving combination therapy with protease inhibitors. Results indicate that the average monthly cost for clients on anti-retroviral without protease inhibitors averaged \$409.43 per client in FY 1997, with an additional cost of \$125.43 for general medications, bringing the total to \$534.86 per client per month. In contrast, the average monthly cost per client for combination therapy with protease inhibitors was 30% (\$158) more: \$588, plus an additional \$104.79 on average for general medications, bringing the average monthly total cost to \$692.79. Therefore, the study concluded that the new combination therapies are cost effective relative to the savings realized as a result of improved CD4 counts and reductions in the incidence of OIs, which in turn decrease hospitalization rates and the need for home health services.

► **Other Accomplishments**

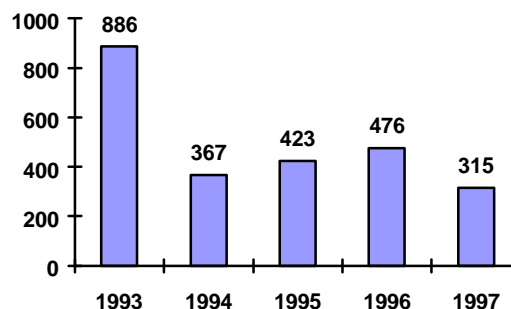
- Title I-funded providers meet monthly, providing a forum to share information, identify and discuss emerging HIV care issues, and problem-solve.

Title I: St. Louis (Pop. 2,500,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: St. Louis City and Clinton, Jersey, Madison, Monroe, St. Clair, Franklin, Jefferson, Lincoln, St. Charles, St. Louis, and Warren Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,750
- ▶ AIDS Cases (cumulative) since 1993: 2,467 (53% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	85%	87%	78%
Women (13 years and up):	15%	13%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	2%	2%	2%
20+ years old:	98%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	47%	54%	33%
African American:	52%	42%	45%
Hispanic:	2%	3%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	69%	62%	35%
Injecting drug user (IDU):	6%	10%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	5%	4%
Heterosexual contact:	14%	12%	13%
Other, unknown or not reported: (Adults only)	8%	11%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,566,414	\$1,775,021	\$1,900,105	\$5,241,540
Supplemental	\$1,020,950	\$1,731,329	\$1,661,745	\$4,414,024
Total	\$2,587,364	\$3,506,350	\$3,561,850	\$9,655,564

Allocation of Funds

	1998
Health Care Services	\$853,148/24%
Medications	\$743,718/21%
Case Management	\$602,581/17%
Support Services	\$984,848/28%
Administration, Planning and Program Support	\$377,555/11%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 45
- ▶ PLWH on planning council: 14 (31%)

Gender of Planning Council Members

Men:	56%
Women:	44%

Race/Ethnicity of Planning Council Members

White:	64%
African American:	31%
Hispanic:	2%
Asian/Pacific Islander:	2%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	3,740
Men:	84%
Women:	16%

<13 years old:	3%
13-19 years old:	1%
20+ years old:	96%

White:	43%
African American:	54%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	44%
Injecting drug user (IDU):	8%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Heterosexual contact:	26%
Other, unknown or not reported:	20%

► Improved Patient Access

- The grantee reported increases between 1995 and 1997 in the number of clients receiving Title I-funded primary care, HIV/AIDS medications and mental health services. HIV/AIDS medications were provided to 112 clients in 1995 and 465 clients in 1997, an increase of 315%. Mental health services were provided to 66 clients in 1995 and 221 clients in 1997, an increase of 235%. Medical service clients increased from 173 to 344, and increase of 99%.
- During this period, the proportion of clients from the African American community increased from 3% of primary medical care clients in 1995 to 22% in 1997; and from 38% of pharmacy clients in 1995 to 46% in 1997.

- The proportion of women served also increased over the same three-year period by 7% for primary medical care services, from 10% to 14% for substance abuse treatment, case management and emergency services, and by 22% for housing related services.
- The expansion of Title I-funded mental health services during FY 1997 was achieved with the addition of three new providers, as well as funding for a Mental Health Coordinator.

► **Other Accomplishments**

- Through funding for two Harm Reduction Specialist positions, the grantee reported a significant expansion in utilization of substance abuse treatment services during 1997.

Title II: Missouri

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$3,131,126	\$4,586,448	\$5,952,010	\$13,669,584
ADAP (included in Title II grant)	(\$626,791)	(\$1,965,652)	(\$3,326,379)	(\$5,918,822)
Minimum Required State Match	\$0	\$2,293,224	\$2,976,005	\$5,269,229

Allocation of Funds

	1998
Health Care (State Administered)	\$3,326,379/56%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$3,326,379)
Direct Services	(\$0)
Case Management (State Administered)	\$1,071,985/18%
Consortia	\$1,421,901/24%
Health Care*	(\$98,290)
ADAP/Treatment	(\$520,682)
Case Management	(\$0)
Support Services**	(\$802,929)
Administration, Planning and Evaluation (Total State/Consortia)	\$131,745/2%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 6

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Central Region Ryan White Care Consortium	Moberly	Putman, Schuyler, Scotland, Clark, Sullivan, Adair, Knox, Lewis, Linn, Macon, Shelby, Marion, Chariton, Randolph, Monroe, Ralls, Saline, Howard, Boone, Audrain, Pike, Callaway, Montgomery, Pettis, Cooper, Moniteau, Cole, Osage, Gasconade, Morgan, Miller, Maries, and Camden Counties	\$252,555
Kansas City Ryan White Care Consortium	Kansas City	Platte, Clinton, Clay, Ray, Jackson, Lafayette, Cass, Johnson, Bates, Henry, and Benton Counties	\$315,830
Northwest Ryan White Title II Consortium	St. Joseph	Atchinson, Nodaway, Worth, Harrison, Mercer, Holt, Andrew, Gentry, Daviess, Grundy, Buchanan, Dekalb, Caldwell, Livingston, and Carroll Counties	\$66,600
Southeastern MO Reg. Ryan White Title II Consort.	Poplar Bluff	Crawford, Washington, St. Francois, Ste. Genevieve, Perry, Iron, Madison, Bollinger, Cape Girardeau, Reynolds, Wayne, Stoddard, Scott, Mississippi, Carter, Ripley, Butler, Dunklin, Pemiscot, and New Madrid Counties	\$147,502
Southwest Ryan White Consortium	Springfield	Vernon, St. Clair, Hickory, Dallase, Laclede, Pulaski, Phelps, Barton, Cedar, Polk, Dade, Greene, Webster, Wright, Texas, Dent, Shannon, Jasper, Lawrence, Christian, Douglas Hoewll, Oregon, Newton, McDonald, Barry, Stone, Taney, and Ozark County	\$282,453
St. Louis Region Ryan White Care Consortium	St. Louis	Lincoln, Warren, St. Charles, St. Louis, Franklin, and Jefferson Counties	\$424,293

Accomplishments

Clients Served (duplicated count), FY 1996:	3,140
Men:	71%
Women:	15%
Other, unknown or not reported:	13%

<13 years old:	2%
13-19 years old:	2%
20+ years old:	96%

White:	63%
African American:	33%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	67%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	7%
Heterosexual contact:	13%
Other, unknown or not reported:	7%

► **Improved Patient Access**

- The number of clients accessing medications through ADAP increased by more than 100% between 1995 (1,420 clients) and 1997 (2,951 clients). Monthly utilization also increased by more than 100% from 417 to 898 clients per month.
- The ADAP formularies were expanded to include 75 drugs on the formularies in 1998.
- The total aggregate number of clients accessing Title II services increased 39% between 1995 and 1997, from 3,490 clients (not unduplicated) to 4,854 clients (also not unduplicated). The number of out-patient medical care visits increased by 16% during the same period, to 4,744 medical visits in 1997; while dental care visits doubled to 759 dental visits in 1997.
- The grantee piloted a prison discharge project in the northwest part of the State for HIV-infected inmates. The model developed focuses on pre-enrollment of the inmates while in prison so that each client is linked with appropriate medical care and support service upon release.
- The grantee conducted outreach activities to educate prospective clients about its service coordination program to assist clients in obtaining medical and support services. Client enrollment for the service coordination program increased in 1997 to a level equal to 50% of all current reported living cases.
- Many clients did not re-enroll in the ADAP program from Title I areas in 1997, resulting in a net decrease in total enrollment. Utilization continues to increase more than enrollment.

- Although the percentages of clients enrolled in ADAP closely reflect the epidemiology of the epidemic within the State, the grantee implemented an outreach program in FY 1998, specifically targeting the St. Louis area.

▶ **Cost Savings**

- For the 1997 program year, the Department entered into voluntary manufacturers' rebates with two pharmaceutical companies and negotiated two more rebate agreements for the 1998 program year.
- In 1998, the grantee planned to exchange utilization data with the Medicaid agency.
- Starting in 1996, the ADAP implemented a per client total cap of \$16,000 per year for ADAP services.

▶ **Other Accomplishments**

- During 1997, the Title II program conducted a statewide needs and capacity assessment, working with consortia providers, consumers, and HIV-related programs to develop updated service plans and allocation of funds to address gaps in services and emerging needs. A statewide advisory body was established and worked with the grantee to convene several statewide meetings to obtain public input into the needs assessment and planning processes. The State has adopted an integrated service systems model of service delivery and moved towards quality/outcome contract monitoring starting in 1997-98.
- Critical decisions regarding the ADAP formulary and ADAP policy are made within the framework and with the advice of the Missouri HIV/AIDS Medications Advisory Committee, which meets quarterly or as needed. The committee is composed of a medical professional and a PLWH from each of the six regional consortia, the Division of Medical Services Pharmacy Consultant, and Department of Health staff. Representatives are nominated by their regional consortium and approved by the Department.
- During 1997, the grantee also 1) centralized all ADAP funding and waiting lists Statewide in response to open slots in one region not available for clients waiting in another region; 2) contracted for a single, statewide Title II/ADAP benefits administrator to resolve inconsistent data collection, lengthened enrollment process, and client access inequities; and 3) hired a full-time medical consultant to work with the Medications Advisory Committee and to educate all HIV physicians, clients, and service coordinators as to the health benefits of protease inhibitors and the NIH guidelines in an effort to increase participation in the protease inhibitor program.

AIDS Drug Assistance Program (ADAP): Missouri

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,016,791	\$1,965,652	\$3,326,379	\$6,308,822
State Funds	\$600,000	\$600,000	\$600,000	\$1,800,000
Total	\$1,616,791	\$2,565,652	\$3,926,379	\$8,108,822

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 75 drugs, 4 protease inhibitors, 7 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: Decisions regarding the ADAP formulary and policy are made with advice of the HIV/AIDS Medications Advisory Committee. The committee includes a medical professional and a PLWH from each of the six regional consortia.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	1,527
Number using ADAP each month:	898
Percent of clients on protease inhibitors:	30%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	90%
Women:	10%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	80%
African American:	20%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Missouri

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	3	4	3	
Total Title III funding in State	\$1,396,406	\$1,633,750	\$1,505,976	\$4,536,132

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 3 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and counseling and testing services by State's Title III-funded programs: 5,461
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 2,376
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 372
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 43%
 - ▶ from 200 to 499: 34%
 - ▶ above 500: 22%
 - ▶ unknown: 1%

Accomplishments

Clients served (primary care only), 1996:	2,376
Men:	88%
Women:	12%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	54%
African American:	42%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
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Men who have sex with men (MSM):	64%
Injecting drug user (IDU):	12%
Men who have sex with men and inject drugs (MSM/IDU):	8%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	14%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	3%

► **Improved Patient Access**

- Collaborating with the CARE Act Title I, II and ADAP programs in the area, the Early Intervention Partnership of Greater Kansas City provided HIV primary care for 1,053 individuals in 1997 through eight affiliate sites.
- AIDS Project of the Ozarks serves 29 counties in Southwest Missouri, 26 of which are rural. In addition to the AIDS Project of the Ozarks' clinic, over 60 physicians participate in a provider network to treat clients throughout the 29 county region. Other than this network of providers, there are no primary care or clinical services targeting PLWH in this region. More than 160 clients have received primary care services from the AIDS Project of the Ozarks.
- Improved access is achieved at the St. Louis ConnectCare Infectious Disease Clinic by coordinating resources with eight additional clinics throughout the service area. In addition to 355 clients at the St. Louis Regional Medical Center, the collaborating sites served 640 clients in 1997.

► **Improved Patient Outcomes**

- The Kansas City Free Health Clinic instituted an innovative client orientation, education, and empowerment program to engage clients as partners in health care decisions. Over half of the clinic's 350 active clients are on highly active antiretroviral therapy. Of these individuals, 80% have achieved and maintained, for greater than six months and some for almost two years, a non-detectable viral load. To further understanding of compliance with medications, the grantee is currently undertaking an outcomes study to determine the characteristics of its clients and education program which promote adherence at the Kansas City Free Health Clinic.

► **Cost Savings**

- The AIDS Project of the Ozarks reports cost savings of approximately 50% over usual and customary primary care physician rates and laboratory costs.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
AIDS Project of the Ozarks	Springfield	Over 25 Counties	Non-329/330/340 Health Center
Kansas City Free Health Clinic	Kansas City	Metropolitan Kansas City area	Non-329/330/340 Health Center
St. Louis ConnectCare	St. Louis	St.Louis area	Hospital/University-based Medical Center

Planning Grants

1997 - Heartland Prevention/Care Network - Poplar Bluff

Title IV: Missouri

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$465,000	\$650,000	\$720,000	\$1,835,000

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	9%
Women with children:	0%
Adolescents/young adults:	26%
Children:	11%
Infants:	16%
Clients with AIDS/HIV Infection:	97%

Accomplishments

All clients served, 1996:	300
Men:	8%
Women:	92%
(Adolescents and adults only)	
<13 years old:	27%
13-19 years old:	26%
20+ years old:	47%

White:	7%
African American:	21%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	72%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	0%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	5%
Heterosexual contact, non IDU:	29%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	19%
Other, unknown or not reported:	46%

► **Improved Patient Access**

- The total number of clients served by the Title IV program increased from 236 to 956 from 1995 through 1997, representing a 305% increase.
- Started in 1997, the Health and Education for Youth program of the Title IV program is the first HIV youth clinic for the St. Louis area.
- Newly diagnosed clients receive emergency support through a Peer Pager Program.
- The grantee uses a database to track all known HIV-infected and exposed children to ensure their access to care.

► **Improved Patient Outcomes**

- The perinatal HIV transmission rate decreased from 44% in 1994 to 0% in 1997 for Title IV-enrolled pregnant women receiving antiretroviral therapy.
- As a result of work of the perinatal coordinator, the percentage of caregivers of HIV-exposed infants adhering to clinic visit schedules increased from 70% to 95% as of March 1998.
- The grantee is developing a program database to evaluate the impact of the Title IV program on the health status of HIV-infected and exposed children, HIV-infected youth, and family members.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Washington University School of Medicine	St. Louis	St. Louis metropolitan area, Eastern Missouri, Southern Illinois	Academic Medical Center

Special Programs of National Significance (SPNS): Missouri

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	2	1	1	
Total SPNS Funding in State	\$877,377	\$719,256	\$695,095	\$2,291,728

Project Descriptions

► Missouri Department of Health

Location: Jefferson City

Project period: 10/94 - 9/98

Population Served: HIV-infected with mental illness/substance user

Description of Services: This integrated care project is a collaboration between the Missouri Departments of Health and Mental Health to develop and test the effectiveness of a coordinated system of care for HIV-positive individuals with mental illness and/or substance abuse problems. Customized models were developed in three regions, both urban and rural, including Kansas City, St. Louis, and rural Southeast Missouri, to test the effectiveness of the model in different settings. Another major project component was to cross-train case managers and other health care professionals to increase their ability to recognize clinical manifestations of those who are dually or multiply diagnosed and thus to increase referrals among agencies.

Project Highlights

- Training was held in Kansas City, St. Louis, and rural sections of Southeast Missouri. Training in St. Louis, for example, brought together 164 health and mental health providers from local agencies. Topics included HIV/AIDS treatment, risk reduction, the need for better coordination, and the needs of multiply diagnosed clients.
- Participants in cross-training reported many changes in their approach to case management as a result of increased knowledge of the culture, structure, and resources of the communities in which multiply diagnosed clients live. They cited simplified reporting and data collection procedures and increased comfort with non-traditional helping roles in working with the target population. Referrals to appropriate agencies also reportedly increased.

► **Washington University, School of Medicine**

Location: St. Louis

Project period: 10/94 - 9/99

Population Served: HIV-infected women

Description of Services: HIV disproportionately affects poor women of color. The Helena Hatch Special Care Center for Women with HIV (HHSCC) targets HIV-infected women in a 12-county region in and around St. Louis. It offers clients a model program tailored to their complex needs, in a friendly, family-focused environment. HHSCC provides one-stop primary and HIV medical services, including: outreach, patient education, support groups, retreat programs, case management, concurrent pediatric HIV care, OB/GYN care, eye screenings, psychological and nutritional counseling, spiritual counseling, and resource coordination. Other project components include peer training and involvement, on- and off-site provider education, and a quarterly newsletter. The project also works with community providers to identify gaps in outreach and train providers in woman-centric HIV issues. Ultimately, the project aims to improve client access to health care, clinical trials, and support services; improve their survival rates and quality of life; and decrease perinatal transmission.

Project Highlights

- The project built a one-stop service center--the Helena Hatch Special Care Center for Women with HIV--to provide primary and HIV medical care services. In the course of three years, HHSCC has established itself as the primary care provider for the vast majority of women with HIV (including those who are pregnant) in the metropolitan St. Louis area.
- Since the beginning of the project, total client enrollment has increased more than 900%, from 25 to 257 women, of whom 77% are African American and 22% are White.
- The project has reduced barriers to access by providing transportation, childcare, food, peer support, and intensive follow-up, including home visits.
- Through a combination of services, the project has lowered vertical (from mother to child) transmission of HIV from 44% to zero, and diminished mortality rates from 9.9% in 1995 to 1.7% in 1997.
- The program has also achieved a high rate of adherence among clients: 75% with fewer than 500 CD4 cells/mm³ are on antiretroviral therapy, and 93% with fewer than 200 cells/mm³ are on PCP prophylaxis.
- A referral network with five partner agencies has broadened the project's reach and increased the number of women committing to early care and treatment.
- The project has developed plans to increase the focus on antiretroviral adherence; continue promoting the enrollment of women in ACTG trials; expand patient education programs; begin an adolescent outreach and services program; study trends in hospitalization and emergency-room admittance; and estimate the costs of services.

AIDS Education and Training Centers: Missouri

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Midwest AETC
- ▶ States Served: Illinois, Indiana, Iowa, Minnesota, Missouri, Wisconsin
- ▶ Primary Grantee: University of Illinois at Chicago, Chicago, Illinois
- ▶ Subcontractors in State: Kansas City AIDS Research Consortium - Kansas City
Washington Univ. School of Medicine - St. Louis

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$116,000	\$91,838	\$141,500	\$349,338

Training Highlights from FY 1997

- The AETC's training activities include addressing factors that affect adherence to antiretroviral treatment, interventions to assist adherence and measures of adherence. For example, the AETC collaborated with the Hektoen Institute/Cook County Hospital Primary Care Center to develop a range of curriculum, practice tools and resources to address adherence. The AETC also played a leading role in a national adherence teleconference in November 1998.
- The Midwest AETC has begun to address the HIV care needs of incarcerated populations and conducted a number of training initiatives targeting prison health care providers. One such effort was the "HIV in Corrections...And Back to the Community" conference designed and sponsored by the Western and Eastern Missouri Performance sites with help from the Kansas AETC. The program was offered to medical providers serving prison populations and was attended by both medical providers and prison officials.
- To help providers improve the management of clients co-infected with TB and HIV, the AETC has collaborated with the Chicago Department of Health in designing an ongoing cross-training series for STD/HIV and TB clinic and community outreach staff. Among the outcomes of these trainings have been the development of a standard confidentiality policy for both STD/HIV and TB clinics, and training for TB clinical staff on HIV counseling and testing.

- The Indiana performance site, in collaboration with the Indiana State Department of Health, produced a videotape in response to an emergency rule passed by the Indiana State Legislature. The rule, which requires all prenatal health care providers to counsel pregnant women on HIV testing, went into effect in July 1998. The video is designed to assist healthcare providers to provide consistent, accurate information to patients and comply with the rule.
- The AETC has developed a dissemination process that uses various activities to communicate the most up-to-date information about PHS treatment guidelines and HIV clinical management. Key information is distributed to practitioners by fax. With each fax transmission there is a summary of key information (four pages or less), information on resources for more extensive information, training and support, federal notices (if applicable). The AETC has also developed a grand-rounds curriculum on PHS treatment guidelines. The curriculum has been offered at area hospitals and through local provider organizations. Information about PHS guidelines is included in the AETC's ongoing programs as well.
- In an effort to ensure that HIV services are delivered in a consistent manner, the AETC has served on the Title I program evaluation and quality assurance initiative for services in the Chicago Metropolitan area. Consumers and providers of Title I services have, with the AETC's direction, worked to define, measure and improve service quality using a peer review site-visit model. The AETC offers training to consumers and providers on conducting site visits and is developing study designs to measure Title I service outcomes.

HIV/AIDS Dental Reimbursement Program: Missouri

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$18,141	\$22,683	\$11,021	\$51,845

Accomplishments

Est. clients served, 1996:	343
Men:	89%
Women:	11%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Truman Medical Center	Kansas City
University of Missouri, Kansas City	Kansas City